



The Commonwealth of Massachusetts

Department of Telecommunications and Energy

*One South Station
Boston, MA 02110*

(617) 305-3500
www.state.ma.us/dpu/telecom

THIRD PARTY VERIFICATION SERVICE PROVIDER REGISTRATION APPLICATION

In order to facilitate a change in a customer's primary Interexchange Carrier (IXC) or primary Local Exchange Carrier (LEC), an IXC or LEC may rely upon a Third Party Verification Service Provider (TPV) to provide customer authorization confirmation services as provided for in Massachusetts General Laws, Chapter 93, Sections 108-113, inclusive.

Pursuant to M.G.L., c. 159, §12E(a)(3), any company that provides TPV services, pursuant to Section 109 of Chapter 93, must register with the Department of Telecommunications and Energy (Department). In order to register with the Department, a prospective TPV service provider must complete the following registration application and submit it to the Department for approval.

Instructions:

- Provide all requested information. Do not leave any question blank. If a question is inapplicable, answer "N/A" on the form and explain why it is inapplicable; attach a separate sheet if necessary.
- There is no filing fee. The application will be processed in the order in which it was received. Once the Department reviews the application, you will be apprised of its status. If the application is approved, you will receive a copy of the registration cover page bearing an "Approved" stamp, including the date of approval and registration number.
- Upon completion, submit the original Registration Form, all attached documents, and one copy of the form and attachments to:

Mary Cottrell, Secretary
Department of Telecommunications and Energy
One South Station
Boston, Massachusetts 02110

For Department Use Only
REGISTRATION APPROVED: _____
Date: _____ **Initials:** _____
Registration #: _____

A. CONTACT INFORMATION:

1. Legal Name of Registrant:

Doing Business As (D/B/A):

2. Business Address (P.O. Box not acceptable):

No. and Street: _____

—

City/Town: _____

—

State/Zip: _____

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3. Principal Place of Business, if applicable (P.O. Box not acceptable):

No. and Street: _____

—

City/Town: _____

—

State/Zip: _____

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4. Mailing Address, if applicable:

No. and Street: _____

—

City/Town: _____

—

State/Zip:

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5. Provide the name, title, mailing address, and telephone number of the appropriate person designated for the Department to contact regarding:
- a. issues or questions related to processing this registration:

 - b. consumer-related issues, including dispute resolution:

 - c. technical and/or quality of service issues:

B. COMPANY INFORMATION:

1. If a corporation, association, or partnership -
- a. State where legally organized: _____
 - b. Date of organization: _____
 - c. If Registrant is organized in a state other than Massachusetts, are you on file with the Massachusetts Secretary of State's Office?

 - d. Foreign Corporation Certificate Number (if applicable):

 - e. Please attach a certificate of good standing from the Massachusetts Secretary of State's Office.
 - f. Please attach articles of incorporation, association, partnership agreement or other document establishing legal organization

2. If a corporation, list each officer, director, and stockholder owning 10% or more of Registrant's outstanding capital stock. (attach additional pages if needed):

[illegible][illegible]

3. If a partnership, list the names and addresses of principal partners:

<u>Name</u>	<u>Title</u>	<u>Address</u>
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[illegible]

4. List the company or companies for which you provide TPV services in Massachusetts. NOTE: this list must be updated each time a company is added or removed from the list. You are required to notify the Department by mail within ten business days of a change to this list.

<u>Company Name</u>	<u>Name and Tel.# of Contact at Company</u>	<u>Address</u>
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REQUIREMENTS FOR THIRD PARTY VERIFICATION SERVICE PROVIDERS

By signing this document, Registrant attests that the information provided above is accurate and that the Company will comply with the following provisions:

1. Registrant operates in a location physically separate from any IXC, LEC, or telemarketing representative who has obtained a customer's oral authorization to submit a change order for an IXC or LEC.
2. Registrant is not directly or indirectly managed, controlled, directed, or owned wholly or partially, by any IXC or LEC.
3. Registrant does not receive commissions or compensation based upon the number of customer authorizations confirmed or sales confirmed for any IXC or LEC.
4. Upon registration, Registrant shall be bound by the provisions of M.G.L. c. 93, Sections 108-113 inclusive and M.G.L. c. 159, § 12(E)(b), and any applicable rules and regulations subsequently promulgated by the Department pursuant to these provisions.
5. The Department is required to investigate consumer complaints and collect statistical information for the Massachusetts Legislature. To this end, Registrant agrees to provide the Department with any requested records needed to perform these tasks in a timely fashion. The Department will consider requests for protective treatment of proprietary or competitively sensitive data.

Signature of Registrant: _____

Date: _____

TAX ATTESTATION

Pursuant to M.G.L., c. 62C, section 49A, I hereby certify under the pains and penalties of perjury that the Registrant, to the best of my knowledge and belief, has filed all federal and state tax returns and paid all federal and state taxes required by law.

Social Security Number

-

Signature of Individual or Corporate Name of Registrant

Federal Identification Number

-

Signature of Corporate Officer (if Registrant is a Corp.)

AFFIDAVIT

The undersigned declares under the pains and penalties of perjury that (s)he is authorized to make this verification for and on behalf of Registrant; that (s)he has read the foregoing registration and is informed and believes that same are true and on that ground affirms that the matters therein stated are true.

The undersigned further declares that the Registrant understands and will abide by the Department's requirements concerning the provision of TPV service, including the provisions in the foregoing registration.

The undersigned understands that if the Registrant is found not to be in compliance with the Department's requirements, the Department may withdraw registration and prohibit Registrant from providing TPV services within the Commonwealth.

Dated this _____ day of _____, 19____

Registrant _____

NOTARIZED: